

Name of Establishment: _____

DELIVERY FORM

Date: _____

Time: _____

NAME OF CUSTOMER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE: _____

TYPE OF ALCOHOLIC BEVERAGES: _____

QUANTITY: _____

I hereby certify that I am over 21 years of age; my date of birth is listed above. I realize that it is a **criminal offense** for these alcoholic beverages to be turned over to anyone under 21 years of age.

SIGNATURE OF CUSTOMER: _____

SIGNATURE OF DELIVERY PERSON: _____